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PTO/SB/21 (02-04)

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| TRANSMITTAL FORM (to be used for all correspondence after initial filing) PATENT & TRADEMARK OFFICE JUN 30 2004 | Application Number | 10/764,125 |
| | Filing Date | January 23, 2004 |
| | First Named Inventor | ZDEBLICK, MARK |
| | Art Unit | Unassigned |
| | Examiner Name | Unassigned |
| Total Number of Pages in This Submission | Attorney Docket Number | 021308-000710US |

| ENCLOSURES (Check all that apply) | | |
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| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to Group |
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| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
| Firm or Individual name | Townsend and Townsend and Crew LLP | |
| Signature | James M. Heslin Reg. No. 29,541 | |
| Date | June 21, 2004 | |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
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| Typed or printed name | Edward Masinas | | |
| Signature | Edward Masinas | Date | June 21, 2004 |

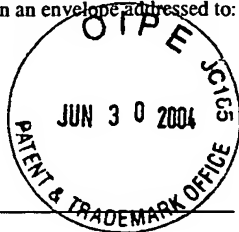
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Commissioner for Patents
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On

6-21-04



TOWNSEND and TOWNSEND and CREW LLP

By:

Edward Masinas

Edward Masinas

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

ZDEBLICK et al.

Application No.: 10/764,125

Filed: January 23, 2004

For: METHOD AND SYSTEM FOR
REMOTE HEMODYNAMIC
MONITORING

Examiner:

Art Unit:

INFORMATION DISCLOSURE
STATEMENT UNDER 37 CFR §1.97 and
§1.98

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

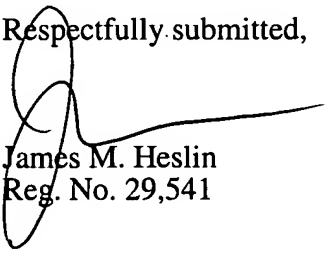
The references cited on attached form PTO/SB/08A and PTO/SB/08B are being called to the attention of the Examiner. Copies of the references are enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that no fee is required for submission of this statement.

However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



James M. Heslin
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|---|---|----|--------------------------|------------------------|-----------------|
| Substituted for form 1449A (08-03) INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary) | | | Complete If Known | | |
| | | | Application Number | 10/764,125 | |
| | | | Filing Date | January 23, 2004 | |
| | | | First Named Inventor | ZDEBLICK, MARK | |
| | | | Art Unit | Unassigned | |
| | | | Examiner Name | Unassigned | |
| Sheet | 1 | of | 3 | Attorney Docket Number | 021308-000710US |

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|------------------------|--------------------------|--|--------------------------------|--|---|
| Examiner Initials* | Cite No. ¹ | Document Number | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear |
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| Examiner Signature | | | | Date Considered | |

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| Substitute for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i> | | | Complete if Known | | |
| | | | Application Number | 10/764,125 | |
| | | | Filing Date | January 23, 2004 | |
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| | | | Examiner Name | Unassigned | |
| Sheet | 2 | of | 3 | Attorney Docket Number | 021308-000710US |

| U.S. PATENT DOCUMENTS+ | | | | | |
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| Examiner Initials* | Cite No. ¹ | Document Number | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear |
| | | Number Kind Code ² (if known) | | | |
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| Substitute for form 1449B/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i> | | | | Complete if Known | |
| | | | | Application Number | 10/764,125 |
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| | | | | Art Unit | Unassigned |
| | | | | Examiner Name | Unassigned |
| Sheet | 3 | of | 3 | Attorney Docket Number | 021308-000710US |

| NON PATENT LITERATURE DOCUMENTS | | | |
|---------------------------------|--------------------------|---|----------------|
| Examiner Initials * | Cite No. ¹ | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published. | T ² |
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